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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP04/08669 06/14/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2003-167744 06/12/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/13/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	JAPAN	13	26	4
Verified and Acknowledged	<i>Reneillayto RC</i> Examiner's Signature Initials				

**ADDRESS**

7278

**TITLE**

Neurocyte protective agent

FILING FEE RECEIVED 1910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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